

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THIS NOTICE TAKES EFFECT ON SEPTEMBER 23, 2013. MOST RECENT REVISION SEPTEMBER 2023.

WHAT DO WE MEAN WHEN WE USE THE WORDS “HEALTH INFORMATION”

WE USE THE WORDS “HEALTH INFORMATION” WHEN WE MEAN INFORMATION THAT IDENTIFIES YOU. EXAMPLES INCLUDE YOUR:

- NAME
- DATE OF BIRTH
- HEALTH CARE YOU RECEIVED
- AMOUNTS PAID FOR YOUR CARE

HOW WE USE AND SHARE YOUR HEALTH INFORMATION

HELP TAKE CARE OF YOU: WE MAY USE YOUR HEALTH INFORMATION TO HELP WITH YOUR HEALTH CARE. WE ALSO USE IT TO DECIDE WHAT SERVICES YOUR BENEFITS COVER. WE MAY TELL YOU ABOUT SERVICES YOU CAN GET. THIS COULD BE CHECKUPS OR MEDICAL TESTS. WE MAY ALSO REMIND YOU OF APPOINTMENTS. WE MAY SHARE YOUR HEALTH INFORMATION WITH OTHER PEOPLE WHO GIVE YOU CARE. THIS COULD BE DOCTORS OR DRUG STORES. IF YOU ARE NO LONGER WITH OUR PLAN, WITH YOUR OKAY, WE WILL GIVE YOUR HEALTH INFORMATION TO YOUR NEW DOCTOR.

FAMILY AND FRIENDS: WE MAY SHARE YOUR HEALTH INFORMATION WITH SOMEONE WHO IS HELPING YOU. THEY MAY BE HELPING WITH YOUR CARE OR HELPING PAY FOR YOUR CARE. FOR EXAMPLE, IF YOU HAVE AN ACCIDENT, WE MAY NEED TO TALK WITH ONE OF THESE PEOPLE. IF YOU DO NOT WANT US TO GIVE OUT YOUR HEALTH INFORMATION, CALL US.

IF YOU ARE UNDER EIGHTEEN AND DON’T WANT US TO GIVE YOUR HEALTH INFORMATION TO YOUR PARENTS. CALL US. WE CAN HELP IN SOME CASES IF ALLOWED BY STATE LAW.

FOR PAYMENT: WE MAY GIVE YOUR HEALTH INFORMATION TO OTHERS WHO PAY FOR YOUR CARE. YOUR DOCTOR MUST GIVE US A CLAIM FORM THAT INCLUDES YOUR HEALTH INFORMATION. WE MAY ALSO USE YOUR HEALTH INFORMATION TO LOOK AT THE CARE YOUR DOCTOR GIVES YOU. WE CAN ALSO CHECK YOUR USE OF HEALTH SERVICES.

HEALTH CARE OPERATIONS: WE MAY USE YOUR HEALTH INFORMATION TO HELP US DO OUR JOB. FOR EXAMPLE, WE MAY USE YOUR HEALTH INFORMATION FOR:

- HEALTH PROMOTION
- CASE MANAGEMENT
- QUALITY IMPROVEMENT
- FRAUD PREVENTION
- DISEASE PREVENTION
- LEGAL MATTERS

A CASE MANAGER MAY WORK WITH YOUR DOCTOR. THEY MAY TELL YOU ABOUT PROGRAMS OR PLACES THAT CAN HELP YOU WITH YOUR HEALTH PROBLEM. WHEN YOU CALL US WITH QUESTIONS, WE NEED TO LOOK AT YOUR HEALTH INFORMATION TO GIVE YOU ANSWERS.

RACE, ETHNICITY, LANGUAGE, GENDER IDENTITY, AND SEXUAL ORIENTATION DATA

WE MAY GET INFORMATION RELATED TO YOUR RACE, ETHNICITY, LANGUAGE, GENDER IDENTITY AND SEXUAL ORIENTATION FROM THE MARYLAND MEDICAID ENROLLMENT APPLICATION OR DIRECTLY FROM YOU. WE PROTECT THIS INFORMATION AS DESCRIBED IN THIS NOTICE.

WE USE THIS INFORMATION TO:

- MAKE SURE YOU GET THE CARE YOU NEED
- CREATE PROGRAMS TO IMPROVE HEALTH OUTCOMES
- CREATE HEALTH EDUCATION INFORMATION
- LET THE DOCTORS KNOW ABOUT YOUR LANGUAGE NEEDS
- ADDRESS HEALTH CARE DISPARITIES

WE DO NOT USE THIS INFORMATION TO:

- MAKE DECISIONS ABOUT BENEFITS
- PAY CLAIMS
- MAKE DECISIONS ABOUT THE COST OF YOUR BENEFITS
- MAKE DECISIONS ABOUT YOUR ELIGIBILITY FOR BENEFITS
- DISCRIMINATE AGAINST MEMBERS FOR ANY REASON

SHARING WITH OTHER BUSINESSES

WE MAY SHARE YOUR HEALTH INFORMATION WITH OTHER BUSINESSES. WE DO THIS FOR THE REASONS WE EXPLAINED ABOVE. FOR EXAMPLE, YOU MAY HAVE TRANSPORTATION COVERED IN YOUR PLAN. WE MAY SHARE YOUR HEALTH INFORMATION WITH THEM TO HELP YOU GET TO THE DOCTOR'S OFFICE. WE WILL TELL THEM IF YOU ARE IN A MOTORIZED WHEELCHAIR SO THEY SEND A VAN INSTEAD OF A CAR TO PICK YOU UP.

OTHER REASONS WE MIGHT SHARE YOUR HEALTH INFORMATION

WE ALSO MAY SHARE YOUR HEALTH INFORMATION FOR THESE REASONS:

- PUBLIC SAFETY – TO HELP WITH THINGS LIKE CHILD ABUSE. THREATS TO PUBLIC HEALTH.
- RESEARCH – TO RESEARCHERS. AFTER CARE IS TAKEN TO PROTECT YOUR INFORMATION.
- BUSINESS PARTNERS – TO PEOPLE THAT PROVIDE SERVICES TO US. THEY PROMISE TO KEEP YOUR INFORMATION SAFE.
- INDUSTRY REGULATION – TO STATE AND FEDERAL AGENCIES. THEY CHECK US TO MAKE SURE WE ARE DOING A GOOD JOB.
- LAW ENFORCEMENT – TO FEDERAL, STATE AND LOCAL ENFORCEMENT PEOPLE.
- LEGAL ACTIONS – TO COURTS FOR A LAWSUIT OR LEGAL MATTER.

REASONS THAT WE WILL NEED YOUR WRITTEN OKAY

EXCEPT FOR WHAT WE EXPLAINED ABOVE, WE WILL ASK FOR YOUR OKAY BEFORE USING OR SHARING YOUR HEALTH INFORMATION. FOR EXAMPLE, WE WILL GET YOUR OKAY:

- FOR MARKETING REASONS THAT HAVE NOTHING TO DO WITH YOUR HEALTH PLAN.
- BEFORE SHARING ANY PSYCHOTHERAPY NOTES.
- FOR THE SALE OF YOUR HEALTH INFORMATION.
- FOR OTHER REASONS AS REQUIRED BY LAW.

YOU CAN CANCEL YOUR OKAY AT ANY TIME. TO CANCEL YOUR OKAY, WRITE TO US. WE CANNOT USE OR SHARE YOUR GENETIC INFORMATION WHEN WE MAKE THE DECISION TO PROVIDE YOU HEALTH CARE INSURANCE.

WHAT ARE YOUR RIGHTS

YOU HAVE THE RIGHT TO LOOK AT YOUR HEALTH INFORMATION.

- YOU CAN ASK US FOR A COPY OF IT.
- YOU CAN ASK FOR YOUR MEDICAL RECORDS. CALL YOUR DOCTOR'S OFFICE OR THE PLACE WHERE YOU WERE TREATED.

YOU HAVE THE RIGHT TO ASK US TO CHANGE YOUR HEALTH INFORMATION.

- YOU CAN ASK US TO CHANGE your health information if you think it is not right.

- If we don't agree with the change, you asked for. Ask us to file a written statement of disagreement. You have the right to get a list of people or groups that we have shared your health information with.

You have the right to ask for a private way to be in touch with you.

- If you think the way we keep in touch with you is not private enough, call us.
- We will do our best to be in touch with you in a way that is more private.

You have the right to ask for special care in how we use or share your health information.

- We may use or share your health information in the ways we describe in this notice.
- You can ask us not to use or share your information in these ways. This includes sharing with people involved in your health care.
- We don't have to agree. But we will think about it carefully.

You have the right to know if your health information was shared without your okay.

- We will tell you if we do this in a letter.

Call us toll free at 800-953-8854 to:

- Ask us to do any of the things above.
- Ask us for a paper copy of this notice.
- Ask us any questions about the notice.

You also have the right to send us a complaint. If you think your rights were violated, write to us at:

Maryland Physicians Care
Attn: Privacy Coordinator
1201 Winterson Rd, 4th Floor
Linthicum, MD 21060

You can also file a complaint with the Department of Health and Human Services, Office of Civil Rights. Call us to get the address.

If you are unhappy and tell the Office of Civil Rights, you will not lose plan membership or health care services. We will not use your complaint against you.

Protecting your information

We protect your health information with specific procedures, such as:

- Administrative. We have rules that tell us how to use your health information no matter what form it is in – written, oral, or electronic.
- Physical. Your health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- Technical. Access to your health information is “role-based”. This allows only those who need to do their job and give care to you to have access.

We follow all state and federal laws for the protection of your health information.

Will we change this notice

By law, we must keep your health information private. We must follow what we say in this notice. We also have the right to change this notice. If we change this notice, the changes apply to all of your information we have or will get in the future. You can get a copy of the most recent notice on our web site at www.MarylandPhysiciansCare.com.

Maryland Physicians Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, color, national origin, age, disability, gender, gender identity, or sexual orientation.

If you need a qualified interpreter, written information in other formats, translation, or other services, call the number on your ID card or 1-800-953-8854. Help is available in your language: 1-800-953-8854 (TTY: 1-800-735-2258). These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 1-800-953-8854 (TTY: 1-800-735-2258). Estos servicios están disponibles gratis.

中文/Chinese

用您的语言为您提供帮助: 1-800-953-8854 (TTY: 1-800-735-2258) 这些服务都是免费的

